0094310

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

400007425164 012 78.75

			-08/29/0201045: *****78.75 *****
SUBJECT:	Badgerbrar	nd Inc	
(PR	OPOSED CORPORATE	E NAME – <u>MUST INC</u>	
Enclosed is an origi	nal and one (1) copy of	the articles of incorpo	pration and a check for:
☐ \$70.00 Filing Fee & Designation of Registered Agent		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee & Certified Copy & Certificate of Status
		ADDITIONAL (COPY REQUIRED
FROM:	Alan J. Bado Name (Pr	one rinted or typed)	02 SE TAI
	6664 Hibiscus Avenue South Address		AUG 29 CRETARY LAHASSE
	St. Petersbu City, St	rg, FL_33707-2900 ate & Zip	Y OF SIA

Note: Please provide the original and one copy of the articles.

Daytime Telephone number

(727) 480-8134

M 8/30

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621,F.S. (Profit)

FILED

02 AUG 29 AM ID: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

Badgerbrand, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailing address is:

6664 Hibiscus Avenue South St. Petersburg, FL 33707-2900

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is: To transact any business that a corporation may engage in under the laws of the State of Florida.

Computer Maintenance & Repair

ARTICLE IV - SHARES OF STOCK

The number of shares of stock is:

100 Shares @ \$1 par value

ARTICLE V - INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Alan J. Badone, P/S/T 6664 Hibiscus Avenue South St. Petersburg, FL 33707-2900

ARTICLE VI - REGISTERED AGENT

The name and Florida street address of the registered Agent is:

Stephen Simone, C.P.A. Stephen Simone, P.A. 6439 Central Avenue St. Petersburg, FL 33710-8411

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Alan J. Badone 6664 Hibiscus Avenue South St. Petersburg, FL 33707

The undersig	ned incorporator(s) has(ha	ve) executed these Ai	ticles of incorporation to
27th	day of _ August	, 2 002	15-
		/ . =	-1 1-
	Mame Name		8/27/0み Date
	Hame		
	Name		Date
	N		Date
	Name	-	שמוש

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Corporation is:

Badgerbrand, Inc.

2. The name and address of the registered agent and office is:

Stephen Simone, C.P.A.
Stephen Simone, P.A.
6439 Central Avenue
St. Petersburg, FL 33710-8411

Having been named as Registered Agent and to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature:

SEGRETARY OF STATE
TALLAHASSEE, FLORIDA